



George H. Ryan, Governor
Jackie Garner, Director

Illinois Department of Public Aid

201 South Grand Avenue East
Springfield, Illinois 62763-0001

Telephone: (217) 785-0710
TTY: (800) 526-5812

March 7, 2002

To: Chief Executive Officers, Chief Financial Officers, and Patient Account Managers

Attached you will find an Action Notice from the Department reminding hospitals of the information used to calculate Critical Hospital Adjustment Payments, County Trauma Center Adjustment Payments and Disproportionate Share Hospital Adjustment Payments.

The purpose of the attached notice is to remind hospitals that the Department will make determinations based on data on hand and allow you to update information you feel is incomplete.

As described in the attachments, claims must be adjudicated no later than June 30, 2002, and unless otherwise stated in the notice, other data must be received or postmarked no later than July 1, 2002. Data used to determine eligibility and calculate rates are not from the current period, but from either your hospital's 2000 fiscal year or the State's 2001 (July 1, 2000 to June 30, 2001) fiscal year.

Due to Medicare's continued cost report deadline extensions, the Department is in the process of making amendments to Disproportionate Share Hospital Adjustment rules. These amendments could change some of the source data used in the determination, and will become effective beginning with the Rate Year 2003 DSH determination. In some circumstances, hospitals will be required to submit preliminary information by April 30, 2002. Please read the attached Action Notice carefully for more information.

If you have any questions regarding this notice, please contact the Disproportionate Share Unit at (217) 785-0710.

Sincerely,

Matt Powers, Administrator
Division of Medical Programs

Attachments



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Jackie Garner, Director

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March 7, 2002

ACTION NOTICE

PLEASE NOTE THE REQUIRED DEADLINES DESCRIBED BELOW

To: All Cost Reporting Hospitals

RE: Rate Year 2003 Determination for Disproportionate Share, Critical Hospital, and County Trauma Center Adjustment Payments

This notice describes the information required by the Department to determine which hospitals will qualify for Disproportionate Share Hospital Adjustment Payments, Critical Hospital Adjustment Payments, and County Trauma Center Adjustment Payments in accordance with the 89 Illinois Administrative Code Ch. I, 148.120, 148.290(c), and 148.295 in rate year 2003. **As has been the case in all previous years, data must be received and adjudicated by the Department by June 30, 2002. In some circumstances, hospitals will be required to submit preliminary information by April 30, 2002. The Illinois Administrative Code provides for no exceptions to the stated deadlines.**

CRITICAL HOSPITAL ADJUSTMENT PAYMENTS (CHAP) and COUNTY TRAUMA CENTER ADJUSTMENT PAYMENTS (TCA)

In order to determine eligibility and payment rates for both Critical Hospital Adjustment Payments and County Trauma Center Adjustments, all data defined in Sections 148.290(c), and 148.295 of the Illinois Administrative Code must be adjudicated by June 30, 2002. This includes trauma admissions, obstetrical days, general care admissions, and certain rehabilitation admissions as defined in the sections cited above. Services provided in state fiscal year 2001 (July 1, 2000 - June 30, 2001) for which claims have been received and adjudicated by June 30, 2002, will be used to determine eligibility for these payments. **Data that have not been adjudicated by June 30, 2002, cannot be considered by the Department.**

DISPROPORTIONATE SHARE DETERMINATION (DSH)

The information required by the Department for the disproportionate share determination is outlined below. Items 1 through 4 apply to all Illinois hospitals. Out-of-state cost reporting hospitals need only to submit the information required under items 1 and 4. The information needed to calculate Medicaid utilization levels for out-of-state hospitals will be obtained from the Medicaid agency in that state. **Please note that all required information submitted must be based on your hospital's 2000 fiscal year statistics.**

- 1) Hospitals providing non-emergency obstetrical care to the general public must provide, in writing, the names of at least two obstetricians with staff privileges at the hospital who have agreed to provide obstetrical services to individuals entitled to Illinois Medicaid. Hospitals not offering non-emergency obstetrical care to the general public must provide a statement to that effect. **Please complete Part I OR Part II of the Disproportionate Share Obstetrical Statement and return it to the Department by June 30, 2002.**

- 2) In making the determination, the Department will utilize final audited cost reports for each hospital's 2000 fiscal year. In the absence of a final audited cost report, the Department will utilize the hospital's unaudited cost report. Data derived from audited cost reports will be considered final. **If, due to delays in the Medicare cost report filing process, your hospital's unaudited base year cost report is not on file with the Department by April 30, 2002, a completed Hospital Day Statistics Collection (HDSC) form must be submitted in its place by April 30, 2002.**

If the deadline for submitting cost reports falls within the month of June 2002, regardless of their base fiscal year end date, hospitals will have until August 1, 2002, to submit changes to their cost reports for inclusion in the final DSH calculations. In this case, the HDSC form will not be used as a data source for the final DSH determination.

If the deadline for submitting cost reports is extended beyond the month of June 2002, the HDSC form will be used in the final DSH determination for all hospitals that do not have an audited or unaudited cost report on file with the Department. Hospitals will have until the first day of July to submit any adjustments to the information provided on the HDSC form originally submitted to the Department on April 30, 2002.

Because the data on the HDSC form is provided by the hospital, there is no review of or adjustment to those days after July 1, 2002. A copy of the form is included for your use. Also attached is a list of hospitals that currently do not have a 2000 fiscal year cost report on file with the Department.

- 3) Certain types of inpatient days of care provided to Title XIX recipients are not available from the cost report or the HDSC form. They are: (1) Medicare/Medicaid crossover days, (2) hospital residing long term care days, (3) Illinois Department of Alcohol and Substance Abuse (DASA) days, (4) Medicaid HMO days, and (5) Out-of-state Title XIX Medicaid utilization levels.
 - a) The Department will utilize the Department's paid claims data for each hospital's 2000 fiscal year to determine the number of Medicare/Medicaid crossover days, hospital residing long term care days, and DASA days. All claims must be adjudicated by June 30, 2002 to be included in the determination and rate setting process.
 - b) The Department will request a special report from each HMO to determine the number of HMO days for each hospital's 2000 fiscal year.
 - c) Hospital statements and verification reports from other States will be required to verify out-of-state Medicaid recipient utilization levels. The information submitted must include only days of care provided to out-of-state Medicaid recipients during the hospital's **2000 fiscal year**.
- 4) Hospitals may also qualify for disproportionate share status if their low income utilization rate exceeds 25%. To calculate a hospital's low income utilization rate the hospital must fill out the attached Low Income Utilization Collection Form, and submit an audited certified financial statement for their **2000 fiscal year**.

All information described in Sections 1 through 4 above is necessary to conduct the rate year 2003 disproportionate share determination and must be received by, or postmarked to the Department no later than July 1, 2002, unless otherwise specified above. All information must be submitted to the appropriate address listed page 4.

OMNIBUS BUDGET RECONCILIATION ACT OF 1993 (OBRA'93)

In order to determine if the Department meets federal guidelines set forth in the Omnibus Budget Reconciliation Act of 1993 (OBRA'93), all cost reporting hospitals must complete and send the OBRA'93 Data Collection Form to the Department BY AUGUST 15, 2002 (mail postmarked on or before that date is acceptable; metered dates are not acceptable), with the following information for the period of JULY 1, 2001 THROUGH JUNE 30, 2002:

1. The dollar amount of total uncompensated care charges (total inpatient charges and total outpatient charges including hospital-based clinics only) incurred.
2. The dollar amount of total charges for participants covered under the Family and Children Assistance program formerly known as General Assistance (total inpatient charges and total outpatient charges, including hospital-based clinics only) incurred that are reimbursable by the Department.
3. The dollar amount of total Medicaid charges (total inpatient charges and total outpatient charges, including hospital-based clinics only) incurred.
4. The dollar amount of total hospital charges (total inpatient charges and total outpatient charges, including hospital-based clinics only) incurred.

NOTE: Hospital uncompensated care charges are comprised of hospital charity care charges and net bad debt. Do not include contractual allowances or the hospital's charges or reduced charges attributable to services under its obligation pursuant to the federal Hill-Burton Act.

Out-of-state cost reporting hospitals must submit the OBRA'93 required information for charges to ILLINOIS Medicaid patients only.

In the case of a new hospital, please submit the above required information from the time your hospital began operating through the end of the reporting period (June 30, 2002). Please indicate the date your hospital began operating.

FAILURE TO PROVIDE THE REQUIRED OBRA'93 INFORMATION, SEPARATED BY INPATIENT AND OUTPATIENT CHARGES, BY AUGUST 15, 2002, MAY RESULT IN THE HOSPITAL RECEIVING A LOWER DISPROPORTIONATE SHARE RATE OR BEING INELIGIBLE FOR DISPROPORTIONATE SHARE PAYMENTS IN RATE YEAR 2003.

APPEALS

The Department will mail rate year 2003 CHAP, TCA, and DSH rate notices to all cost reporting hospitals. In accordance with section 148.310 of the Illinois Administrative Code, hospitals will have thirty days from the date of the rate notice to make appeals. **All appeals must include detailed challenges to the rate. The Department cannot accept appeals submitted beyond the thirty day limit nor can it accept, as a substantive appeal, letters that only request an extension of the thirty day limit. Hospitals' Medicaid Inpatient Utilization Rates, which have been derived from unaudited cost reports or the HDSC form, are not subject to the review procedure described in Section 148.310 of the Illinois Administrative Code, with the exception of errors in calculation by the Department.**

SUBMITTAL OF INFORMATION

Corrected cost report information, Hospital Day Statistics Collection (HDSC) forms, audited certified financial statements, and the OBRA'93 data collection form must be submitted to the following address:

Illinois Department of Public Aid
Office of Health Finance
Hospital Audit Section
201 South Grand Avenue East (Walnut Facility)
Springfield, Illinois 62763-0001
FAX (217) 782-2812

Note: Audited certified financial statements must only be submitted if the hospital's low income utilization rate exceeds 25% for disproportionate share determination. Corrected cost reports must only be submitted if your hospital's 2000 cost report is unaudited and you feel it is incorrect.

All other information required for the disproportionate share determination (obstetrical statement, and out-of-state Medicaid utilization levels) must be submitted to:

Illinois Department of Public Aid
Bureau of Rate Development and Analysis
Disproportionate Share Unit
201 South Grand Avenue East, 2nd Floor
Springfield, Illinois 62763-0001
FAX (217) 524-9403

Questions regarding cost report information, HDSC forms, certified financial statements and the OBRA'93 form should be directed to the Office of Health Finance at (217) 782-1630. All other questions should be directed to the Bureau of Rate Development and Analysis at (217) 785-0710.

Matt Powers, Administrator
Division of Medical Programs

ATTACHMENTS

**DISPROPORTIONATE SHARE OBSTETRICAL STATEMENT
RATE YEAR 2003**

COMPLETE EITHER PART I OR PART II

PART I: To be completed only by those hospitals providing non-emergency obstetrical services to the general public.

The following obstetricians have staff privileges at the hospital named below and have agreed to provide non-emergency obstetrical services for Illinois Medicaid beneficiaries:

Physician's Name: _____
(Typed)

Physician's Name: _____
(Typed)

Additional names may be submitted as an attachment to this form.

PART II: To be completed only by those hospitals that do not provide non-emergency obstetrical services to the general public.

Federal law prohibits States from making disproportionate share payment adjustments to hospitals that discontinue providing non-emergency obstetrical services to the general public after December 22, 1987. Hospitals that do not offer non-emergency obstetrical services to the general public must state so below:

_____ has not offered
(Name of Hospital)
non-emergency obstetrical services to the general public since _____.
(Date)

Return the form by June 30, 2002, to:

Illinois Department of Public Aid
Bureau of Rate Development and Analysis
Disproportionate Share Unit
201 South Grand Avenue East, 2nd Floor
Springfield, IL 62763-0001

(Signature)

(Typed Signature)

(Title)

(Typed Hospital Name)

(Typed Address)

(Typed Address)

(Phone Number/FAX Number)

LOW INCOME UTILIZATION COLLECTION FORM

(Response required by July 1, 2002)

INCOMPLETE forms will be REJECTED

HOSPITAL: _____
CITY / STATE: _____
FISCAL YEAR END: _____, 2000

This form, in addition to audited financial statements and any other supporting documentation, must only be submitted if the hospital's low income utilization rate exceeds 25% for disproportionate share determination.

	Amount	List Attached Financial Statement or Supporting Documentation	List Workpaper Reference (i.e., pg. 1, item 1)
1. TOTAL PAYMENTS RECEIVED DIRECTLY FROM STATE AND LOCAL GOVERNMENTS for all patient services, both inpatient and outpatient	\$ _____	_____	_____
2. TOTAL HOSPITAL NET REVENUE for all patient services, both inpatient and outpatient	\$ _____	_____	_____
3. TOTAL GROSS INPATIENT HOSPITAL CHARGES FOR CHARITY CARE (This must not include unreimbursed cost, contractual allowances, bad debts or discounts, except contractual allowances and discounts for Family and Children Assistance (formerly known as General Assistance) and Aid to the Medically Indigent patients. Inpatient charity care charges may be calculated based on the ratio of inpatient to total gross hospital charges if the provider's records do not distinguish inpatient from total charity care).	\$ _____	_____	_____
4. TOTAL HOSPITAL GROSS CHARGES FOR INPATIENT HOSPITAL SERVICES	\$ _____	_____	_____

I CERTIFY that to the best of my knowledge, the above information is true and correct.

This form must be submitted to:

Illinois Department of Public Aid
Office of Health Finance
201 South Grand Avenue East (Walnut Facility)
Springfield, Illinois 62763-0001

Phone (217)782-1630 Fax (217)782-2812

Authorized Signature

Name (Typewritten)

Title (Typewritten)

Date

()

Phone

OBRA'93 DATA COLLECTION FORM

(Response required by August 15, 2002)

This form will be REJECTED if inpatient and outpatient charges are not separated.

HOSPITAL: _____

CITY / STATE: _____

ALL COST REPORTING HOSPITALS MUST SUBMIT THE FOLLOWING INFORMATION:

(UNCOMPENSATED CARE BASE YEAR JULY 1, 2001 THROUGH JUNE 30, 2002)

	<u>INPATIENT</u>	<u>OUTPATIENT *</u>	<u>TOTAL</u>
1. a. HOSPITAL CHARITY CARE CHARGES	_____	_____	_____
b. HOSPITAL BAD DEBT LESS ANY RECOVERIES	_____	_____	_____
TOTAL ILLINOIS UNCOMPENSATED CARE CHARGES (sum of 1a and 1b)**	=====	=====	=====
2. ILLINOIS FAMILY AND CHILDREN ASSISTANCE CHARGES	=====	=====	=====
3. ILLINOIS MEDICAID CHARGES	=====	=====	=====
4. HOSPITAL CHARGES FOR SERVICES PROVIDED TO ILLINOIS PATIENTS***	=====	=====	=====

* Includes hospital outpatient services and hospital based clinic services only.

** Hospital uncompensated care charges are comprised of hospital charity care charges and net bad debt.
Do not include contractual allowances or the hospital's charges or reduced charges attributable to services
under its obligation pursuant to the federal Hill-Burton Act.

*** Hospital charges for services provided to Illinois patients includes all financial classes.

I CERTIFY that to the best of my knowledge, the above information is true and correct.

This form must be submitted to:

Illinois Department of Public Aid
Office of Health Finance
201 South Grand Avenue East (Walnut Facility)
Springfield, Illinois 62763-0001

Phone (217)782-1630 Fax (217)782-2812

Authorized Signature

Name (Typewritten)

Title (Typewritten)

Date

()

Phone

(Response required by April 30, 2002)

This form or a completed Medicare 2552, worksheet S-3 must be submitted by ALL hospitals whose fiscal year 2000 Medicare and Medicaid reports are not on file with the Office of Health Finance by April 15, 2002.* Out of State providers, if submitting a worksheet S-3, must also complete column 4 of this form.

* If your hospital's 2000 fiscal year cost report is unaudited and you feel relevant data therein are incorrect, a corrected cost report must be received or postmarked by July 1, 2002 (metered dates are not acceptable). Corrected Hospital Day Statistics Collection (HDSC) forms must also be received or postmarked by July 1, 2002.

** Column 3 refers to all patient days regardless of financial class as indicated by the Medicare reference.

*** Column 4 refers to Illinois Medicaid program days only. The 8.5x11 electronic form has been referenced above. The 8.5x14 handwritten reference would be page 2, part 1, line 6, cols. 1-10.

Phone

**Rate Year 2002 Disproportionate Share Hospital Adjustment
Hospitals Without FYE'00 Cost Reports on File as of 2/5/02**

Bureau of Rate Development & Analysis

Required to submit HDSC form by April 30, 2002

CITY	HOSPITAL	FYB	FYE
LINCOLN	ABRAHAM LINCOLN CHILDREN'S	10/01/99	09/30/00
LINCOLN	ABRAHAM LINCOLN MEMORIAL	10/01/99	09/30/00
HOFFMAN ESTATES	ALEXIAN BROTHERS BEHAVIORAL HLTH	01/01/00	12/31/00
ELK GROVE VILLAGE	ALEXIAN BROTHERS MEDICAL CENTER	01/01/00	12/31/00
ALTON	ALTON MEMORIAL	01/01/00	12/31/00
MARYVILLE	ANDERSON	01/01/00	12/31/00
SAINT LOUIS, MO	BARNES - JEWISH	01/01/00	12/31/00
BELOIT, WI	BELOIT MEMORIAL	01/01/00	12/31/00
CHICAGO	BETHANY	01/01/00	12/31/00
QUINCY	BLESSING	10/01/99	09/30/00
SAINT LOUIS, MO	CARDINAL GLENNON CHILDREN'S	01/01/00	12/31/00
CARMI	CARMI TOWNSHIP	01/01/00	02/07/00
PEORIA	CHILDREN'S HOSPITAL OF ILLINOIS	10/01/99	09/30/00
MILWAUKEE, WI	CHILDREN'S HOSPITAL OF WISCONSIN	01/01/00	12/31/00
CHICAGO	CHILDREN'S MEMORIAL	09/01/99	08/31/00
OAK LAWN	CHRIST	01/01/00	12/31/00
SAINT LOUIS, MO	CHRISTIAN HOSPITAL NORTHEAST	01/01/00	12/31/00
INDIANAPOLIS, IN	CLARIAN HEALTH PARTNERS, INC.	01/01/00	12/31/00
CHICAGO	COLUMBUS	01/01/00	06/30/00
MUNSTER, IN	COMMUNITY	07/01/99	06/30/00
LIBERTYVILLE	CONDELL MEMORIAL	01/01/00	12/31/00
CHICAGO	COOK COUNTY	12/01/99	11/30/00
CARMI	CORNERSTONE HEALTHCARE OF IL	02/08/00	12/31/00
URBANA	COVENANT MEDICAL CENTER	01/01/00	12/31/00
MOUNT VERNON	CROSSROADS COMMUNITY	01/01/00	12/31/00
EVANSVILLE, IN	DEACONESS	10/01/99	09/30/00
DECATUR	DECATUR MEMORIAL	10/01/99	09/30/00
GENEVA	DELNOR COMMUNITY GENEVA CAMPUS	09/01/99	08/31/00
BRIDGETON, MO	DEPAUL HEALTH CENTER	01/01/00	12/31/00
CHICAGO	DOCTOR'S HOSPITAL OF HYDE PARK, INC.	10/01/99	04/18/00
SPRINGFIELD	DOCTOR'S HOSPITAL OF SPRINGFIELD	01/01/00	12/31/00
CHICAGO	EDGEWATER MEDICAL CENTER	01/01/00	12/31/00
EVANSTON	EVANSTON	10/01/99	09/30/00
DUBUQUE, IA	FINLEY	01/01/00	12/31/00
FREEPORT	FREEPORT MEMORIAL	01/01/00	12/31/00
GALENA	GALENA-STAUSS	10/01/99	01/31/00
GALESBURG	GALESBURG COTTAGE	05/01/00	12/31/00
GIBSON CITY	GIBSON COMMUNITY	10/01/99	09/30/00
GLENDALE HEIGHTS	GLENOAKS MEDICAL CENTER, INC.	01/01/00	12/31/00
MELROSE PARK	GOETTLIEB MEMORIAL	01/01/00	12/31/00
DOWNERS GROVE	GOOD SAMARITAN	01/01/00	12/31/00
MOUNT VERNON	GOOD SAMARITAN	01/01/00	12/31/00

VINCENNES, IN	GOOD SAMARITAN	01/01/00	12/31/00
BARRINGTON	GOOD SHEPHERD	01/01/00	12/31/00
CHICAGO	GRANT	08/01/00	12/31/00
HANNIBAL, MO	HANNIBAL REGIONAL HEALTH CARE SYSTEM	10/01/99	09/30/00
HARVARD	HARVARD COMMUNITY MEMORIAL	01/01/00	12/31/00
HINSDALE	HINSDALE	01/01/00	12/31/00
DES PLAINES	HOLY FAMILY	01/01/00	12/31/00
HOOPESTON	HOOPESTON COMMUNITY MEMORIAL	10/01/99	09/30/00
OAK LAWN	HOPE CHILDREN'S HOSPITAL	01/01/00	12/31/00
PITTSFIELD	ILLINI COMMUNITY	05/01/00	09/30/00
HARVEY	INGALLS CHILDREN'S HOSPITAL	10/01/99	09/30/00
HARVEY	INGALLS MEMORIAL	10/01/99	09/30/00
WATSEKA	IROQUOIS MEMORIAL	10/01/99	09/30/00
DIXON	K.S.B.	01/01/00	12/31/00
KEWANEE	KEWANEE PUBLIC	10/01/99	09/30/00
LAGRANGE	LAGRANGE MEMORIAL	11/01/99	10/31/00
LAKE FOREST	LAKE FOREST	01/01/00	12/31/00
WATERFORD, WI	LAKEVIEW NEUROREHAB CTR. NW	10/01/99	09/30/00
WATERFORD, WI	LAKEVIEW NEUROREHAB CTR. NW	10/01/00	12/31/00
PADUCAH, KY	LOURDES	01/01/00	12/31/00
PARK RIDGE	LUTHERAN GENERAL	01/01/00	12/31/00
PARK RIDGE	LUTHERAN GENERAL CHILDREN'S	01/01/00	12/31/00
BERWYN	MACNEAL	02/01/00	09/30/00
HAVANA	MASON DISTRICT	10/01/99	09/30/00
BELLEVILLE	MEMORIAL	01/01/00	12/31/00
SPRINGFIELD	MEMORIAL	10/01/99	09/30/00
SPRINGFIELD	MEMORIAL CHILDREN'S	10/01/99	09/30/00
CHICAGO	METHODIST	10/01/99	09/30/00
PEORIA	METHODIST	01/01/00	12/31/00
CHICAGO	MICHAEL REESE	01/01/00	12/31/00
MORRIS	MORRIS	01/01/00	12/31/00
CHICAGO	NORTHSIDE HEALTH SYSTEM	11/04/00	12/31/00
ARLINGTON HEIGHTS	NORTHWEST COMMUNITY	10/01/99	09/30/00
BELVIDERE	NORTHWEST SUBURBAN COMM.	01/01/00	12/31/00
CHICAGO	NORTHWESTERN MEMORIAL	09/01/99	08/31/00
CHICAGO	NORWEGIAN-AMERICAN	10/01/99	09/30/00
OAK FOREST	OAK FOREST	12/01/99	11/30/00
OAK PARK	OAK PARK	01/01/00	12/31/00
PALOS HEIGHTS	PALOS COMMUNITY	01/01/00	12/31/00
PANA	PANA COMMUNITY	01/01/00	12/31/00
PARIS	PARIS COMMUNITY	01/01/00	12/31/00
JACKSONVILLE	PASSAVANT AREA	10/01/99	09/30/00
JACKSONVILLE	PASSAVANT AREA CHILDREN'S	10/01/99	09/30/00
PEORIA	PROCTOR COMMUNITY	01/01/00	12/31/00
CHICAGO	PROVIDENT HOSPITAL	12/01/99	11/30/00
CHICAGO	RAVENSWOOD	01/01/00	11/03/00
CHICAGO	REHABILITATION INSTITUTE	09/01/99	08/31/00
OLNEY	RICHLAND MEMORIAL	10/01/99	09/30/00
FOREST PARK	RIVEREDGE HOSPITAL	07/01/99	02/29/00
FOREST PARK	RIVEREDGE HOSPITAL	03/01/00	12/31/00
KANKAKEE	RIVERSIDE	01/01/00	12/31/00

ROCKFORD	ROCKFORD MEMORIAL	01/01/00	12/31/00
HOFFMAN ESTATES	SAINT ALEXIUS	01/01/00	12/31/00
CHICAGO	SAINT ANTHONY	01/01/00	12/31/00
ROCKFORD	SAINT ANTHONY	10/01/99	09/30/00
ALTON	SAINT ANTHONY'S	01/01/00	12/31/00
CHICAGO	SAINT BERNARD	01/01/00	12/31/00
GRANITE CITY	SAINT ELIZABETH	01/01/00	12/31/00
BLUE ISLAND	SAINT FRANCIS	01/01/00	12/31/00
PEORIA	SAINT FRANCIS	10/01/99	09/30/00
CHICAGO HEIGHTS	SAINT JAMES	01/01/00	12/31/00
PONTIAC	SAINT JAMES	10/01/99	09/30/00
CHICAGO	SAINT JOSEPH	01/01/00	12/31/00
ELGIN	SAINT JOSEPH	01/01/00	12/31/00
JOLIET	SAINT JOSEPH	01/01/00	12/31/00
BLOOMINGTON	SAINT JOSEPH'S	10/01/99	09/30/00
SAINT LOUIS, MO	SAINT LOUIS CHILDREN'S	01/01/00	12/31/00
HAMMOND, IN	SAINT MARGARET MERCY NO. CAMPUS	01/01/00	12/31/00
DYER, IN	SAINT MARGARET MERCY SOUTH	01/01/00	12/31/00
SPRING VALLEY	SAINT MARGARET'S	10/01/99	09/30/00
SAINT LOUIS, MO	SAINT MARY	01/01/00	12/31/00
CHICAGO	SAINT MARY OF NAZARETH	01/01/00	12/31/00
EAST ST. LOUIS	SAINT MARY'S	01/01/00	12/31/00
GALESBURG	SAINT MARY'S	10/01/99	09/30/00
KANKAKEE	SAINT MARY'S	01/01/00	12/31/00
CENTRALIA	SAINT MARY'S	01/01/00	12/31/00
WAUKEGAN	SAINT THERESE	01/01/00	12/31/00
TAYLORVILLE	SAINT VINCENT CHILDREN'S	10/01/99	09/30/00
TAYLORVILLE	SAINT VINCENT MEMORIAL	10/01/99	09/30/00
SHELBYVILLE	SHELBY MEMORIAL	09/01/99	08/31/00
JOLIET	SILVER CROSS	10/01/99	09/30/00
CHICAGO	SOUTH SHORE	01/01/00	12/31/00
HAZEL CREST	SOUTH SUBURBAN	01/01/00	12/31/00
CAPE GIRARDEAU,MO	SOUTHEAST MISSOURI	01/01/00	12/31/00
OLYMPIA FIELDS	ST. JAMES OLYMPIA FIELDS CAMPUS	01/08/00	12/31/00
CHICAGO	SWEDISH COVENANT	10/01/99	09/30/00
MONROE, WI	THE MONROE CLINIC	01/01/00	12/31/00
CHAMPAIGN	THE PAVILION FOUNDATION	01/01/00	12/31/00
LEMONT	THE ROCK CREEK CENTER	01/01/00	12/31/00
EAST ST. LOUIS	TOUCHETTE REGIONAL HOSPITAL	01/01/00	12/31/00
CHICAGO	TRINITY HOSPITAL	01/01/00	12/31/00
ROCK ISLAND	TRINITY MEDICAL CENTER	01/01/00	12/31/00
TERRE HAUTE, IN	UNION	09/01/99	08/31/00
DANVILLE	UNITED SAMARITANS MED. CTR.	01/01/00	12/31/00
CHICAGO	VENCOR CHICAGO CENTRAL	09/01/99	08/31/00
INDIANAPOLIS, IN	VENCOR INDIANAPOLIS	09/01/99	08/31/00
NORTHLAKE	VENCOR NORTHLAKE	09/01/99	08/31/00
SAINT LOUIS, MO	VENCOR ST. LOUIS	09/01/99	08/31/00
SYCAMORE	VENCOR SYCAMORE	09/01/99	08/31/00
WAUKEGAN	VICTORY MEMORIAL	01/01/00	12/31/00
MOUNT CARMEL	WABASH GENERAL	01/01/00	12/31/00
PADUCAH, KY	WESTERN BAPTIST	09/01/99	08/31/00